

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE OF PAGES 1 11	
1. REQUEST NO. N00173-12-Q-0341		2. DATE ISSUED 9/14/2012		3. REQUISITION/PURCHASE REQUEST NO. 57-4136-12		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 RATING	
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375						6. DELIVER BY (Date) 10/22/2012	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Georgianna Romero			TELEPHONE NUMBER AREA CODE NUMBER 202 767-2022			9. DESTINATION	
8. TO:						a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME All Quoters			b. COMPANY			b. STREET ADDRESS 4555 Overlook Avenue SW	
c. STREET ADDRESS						c. CITY Washington	
d. CITY			e. STATE		f. ZIP CODE		d. STATE e. ZIP CODE DC 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 9/21/2012			IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.				
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/ SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See Attached Continuation Sheets						
12. DISCOUNT FOR PROMPT PAYMENT				a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
							NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.							
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER				16. SIGNER			
b. STREET ADDRESS							
c. COUNTY							
d. CITY			e. STATE f. ZIP CODE	c. TITLE (Type or print)		b. TELEPHONE AREA CODE NUMBER	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-12-Q-0341		PAGE OF 2 11	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
001	Attenuators 2.92 M/F 2DB P/N SA4014-02	4	EA				
002	Attenuator 2.92 M/F 3DB P/N SA4014-03	8	EA				
003	Attenuators 2.92 M/F 4DB P/N SA4014-04	4	EA				
004	Attenuators 2.92 M/F 10DB P/N SA4014-10	8	EA				
005	Attenuators 2.92 M/F 20DB P/N SA4014-20	4	EA				
006	Coupler 6-40 GHZ 10DB 2.92 P/N MC0640-10	4	EA				
007	Coupler 6-40 GHZ 20DB 2.92 P/N MC0640-20	4	EA				
008	Adapters 2.92/F-2.92/F Adapter Hex P/N SM3231	12	EA				
009	Adapters 2.92mm M/F 90 degree P/N SM3250	12	EA				
010	Adapters 2.92/M-2.92/M Adapter P/N SM3235	12	EA				
011	Adapters 2X 2.92-F VSWR 1.8 ILOSS 1.2DB P/N MP1540-2	4	EA				
012	Adapters Standard Gain Horn WR28 P/N SH128-20	2	EA				
013	Adapter WR28-2.92mm F P/N 28AC206	4	EA				
014	Adapter 2.92 Male .5 Watt Termination P/N ST4010	4	EA				
Please see attachment 1 for additional specifications.							
Items must be Brand Name or Equal							
If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-6678.							
Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.							